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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a Federal program that requires that all medical records and other individually identifiable health information used or disclosed by me in any form, whether electronically, on paper, or orally are kept properly confidential. HIPAA gives you the right to understand and control how your personal health information (PHI) is used.

I. MY PLEDGE REGARDING HEALTH INFORMATION:

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

* Make sure that protected personal health information (“PHI”) that identifies you is kept private.
* Give you this notice of my legal duties and privacy practices with respect to health information.
* Follow the terms of the notice that is currently in effect.
* I can change the terms of this notice, and such changes will apply to all information I have about you. The new notice will be available upon request and on my website.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

For Treatment, Payment, or Health Care Operations:

Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client’s personal health information (PHI) without the patient’s written authorization, to carry out the health care provider’s own treatment, payment or health care operations. To help clarify these terms, here are some definitions:

* “PHI” refers to information in your health record that could identify you.
* “Evaluation and Treatment” is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician, psychiatrist or another therapist. This also includes referrals of a patient for health care from one provider to another. Disclosures for treatment purposes are not limited to the minimum necessary standard because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. This may be done without your written authorization.
* “Payment” means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. Examples of this include sending your insurance company a bill for your session or determining eligibility or coverage. This may also include, in the case of unpaid fees, submitting your name and amount owed to a collection agency.
* “Health Care Operations” include the business aspects of running my practice, such as conducting quality assessments and improving activities, auditing functions, cost management analysis, and customer service.
* “Use” applies only to activities within my practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
* “Disclosure” applies to activities outside of my practice such as releasing, transferring, or providing access to information about you to other parties.

For Lawsuits and Disputes:

If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

I may use or disclose PHI for purposes outside of evaluation and treatment, payment, health care operations or a lawsuit when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances, when I am asked for information for purposes outside of evaluation and treatment, payment, and health care operations, I will obtain an authorization from you before releasing this information.

1. Psychotherapy Notes. I do keep “psychotherapy notes” and these notes are not part of your medical record under HIPAA, and any use or disclosure of such notes requires your authorization unless the use or disclosure is: a. For my use in treating you. b. For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy. c. For my use in defending myself in legal proceedings initiated by you. d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA. e. Required by law and the use or disclosure is limited to the requirements of such law. f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes. g. Required by a coroner who is performing duties authorized by law. h. Required to help avert a serious threat to the health and safety of others.
2. Marketing Purposes. As a psychologist, I will not use or disclose your PHI for marketing purposes.
3. Sale of PHI. As a psychologist, I will not sell your PHI in the regular course of my business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION.

Subject to certain limitations in the law, I can use and disclose your PHI without your authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone’s health or safety.
3. For your protection and safety if I reasonably believe that disclosure will avoid or minimize imminent danger to your health or safety. This also includes disclosing your health information to notify or assist in the notification of a family member, your identified emergency contact, or another person responsible for your care, of your location, your general condition, or death.
4. For health oversight activities, including audits and investigations. For example, if the Washington Examining Board of Psychology subpoenas me as part of its investigations, hearings or proceedings relating to the discipline, issuance or denial of licensure of state licensed psychologists, I must comply with its orders. This could include disclosing your relevant mental health information.
5. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an authorization from you before doing so.
6. For law enforcement purposes, including reporting crimes occurring on my premises, and when I believe that protected health information is evidence of a crime that occurred on y premises. This also includes responding to a law enforcement official’s request for information about a victim or suspected victim of a crime, and in a medical emergency not occurring on my premises, when necessary to inform law enforcement about the commission and nature, location or perpetrator of a crime.
7. To coroners or medical examiners, when such individuals are performing duties authorized by law.
8. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
9. Specialized government functions, including: Ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations that are authorized by law; determining eligibility for or conducting enrollment in certain government benefit programs,; or helping to ensure the safety of those working within or housed in correctional institutions.
10. For worker’s compensation purposes. Although my preference is to obtain an authorization from you, I may provide your PHI in order to comply with workers’ compensation laws.
11. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you (via voicemails, emails, postcards or letters) to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

Disclosures to family, friends, or others. I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to request restrictions on certain uses and disclosures of protected health information about you. Your request for restrictions must be in writing, and I am not required to agree to your request, especially if by doing so I believe it would affect your health care. If I do agree to the restrictions, I must abide by it unless you agree in writing to remove it.
2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. If you have paid for services “out of pocket”, in full and in advance, and you request non-disclosure of your PHI related solely to those services to a health plan, I will accommodate your request, except when I am required by law to make a disclosure.
3. The Right to Choose How and Where I Send PHI to You. You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
4. The Right to Inspect and Get Copies of Your PHI. Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information that I have about you for as long as the PHI is maintained in the record. I will provide you with a copy of your record, or a summary of it. I may charge a reasonable cost-based fee for providing this.
5. The Right to Get a List of the Disclosures I Have Made. You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I may charge you a reasonable cost-based fee for each additional request.
6. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may deny your request, but I will provide you a written explanation for doing so within 60 days of receiving your request.
7. The Right to Get a Paper or Electronic Copy of this Notice. You have the right to obtain a paper copy of this notice from me upon written request, even if you have agreed to receive the notice electronically.
8. The Right to be Advised of a Breach. You have the right to be notified if your unsecured PHI is intentionally or unintentionally disclosed.

VII. QUESTIONS AND COMPLAINTS

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may contact the Examining Board for Psychology, Department of Health, Olympia WA 98504 or visit HHS.gov. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

I act as my own Privacy and Security Officer. If you have any questions about this notice of privacy practices, please contact me: Rachel Hyman, Psy.D at rachel@drrachelhyman.com or 206.474.4332.

This notice went into effect on October 15, 2020.

I am required to abide by the terms of this notice of privacy practices. I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice by mail or email at the address/email address provided by you in your intake paperwork.

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.